

PHYSICIAN CLINICAL NOTES - JOHN DOE

Visit Date: 12/15/2024 | Provider: Dr. Sarah Smith, MD - Neurology

CLINICAL ASSESSMENT

Chief Complaint: Persistent headaches and dizziness for 3 weeks

History of Present Illness:

44-year-old male presents with 3-week history of bilateral throbbing headaches, rated 7/10 on pain scale. Headaches occur daily, lasting 4-6 hours. Associated symptoms include nausea, photophobia, and occasional dizziness. No fever, neck stiffness, or focal neurological symptoms. No recent head trauma or travel history. OTC medications have provided no relief.

Physical Examination:

Vital Signs: BP 128/82, HR 72, RR 16, Temp 98.6F

General: Well-appearing, no acute distress, alert and oriented x3

HEENT: Normocephalic, no meningeal signs, PERRLA, EOMI

Neurological: CN II-XII intact, no focal deficits, normal reflexes

Cardiovascular: RRR, no murmurs, no gallops, no rubs

Respiratory: Clear to auscultation bilaterally

CLINICAL REASONING

Differential Diagnosis:

1. Tension-type headaches (most likely)
2. Migraine headaches
3. Intracranial pathology (mass, hemorrhage)
4. Secondary headache (medication overuse, etc.)

Risk Factors for Intracranial Pathology:

- Age > 40 (patient is 44)
- New onset headaches
- Associated neurological symptoms (dizziness)
- No response to OTC medications

PLAN AND RECOMMENDATIONS

Imaging Studies:

- MRI Brain with Contrast (STAT) to rule out intracranial pathology
- Consider MRA if vascular abnormality suspected

Laboratory Studies:

- CBC, CMP, ESR, CRP (routine labs)
- Consider inflammatory markers if indicated

Medications:

- Ibuprofen 600mg TID PRN for headache
- Consider triptan if migraine suspected

Follow-up:

- Return in 2 weeks with MRI results
- Consider neurology referral if MRI abnormal
- Emergency department if symptoms worsen

PRIOR AUTHORIZATION REQUEST